

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Steven A. Millard

Mailing Address 2268 E. Shalimar Dr

City

Eagle

State

ID

Zip Code

83616-6608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Idaho Hospital Association

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: 18665735

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Margaret Hinson

Mailing Address 1824 Jones Road

City

Weiser

State

ID

Zip Code

83672-5536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weiser Memorial Hospital

Occupation
Hospital Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: 18665736

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Sheryl Rickard

Mailing Address Box 1448

City

Sandpoint

State

ID

Zip Code

83864-0877

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bonner General Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: 18665737

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)